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22204 7590 8/18/06

NIXON PEABODY LLP
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Onikika Butler	(Depositor's name)
	(Signature)
November 20, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/823,692	4/14/04	Michael A. Lucas	740270-2915	5358

TITLE OF INVENTION: SOLENOID ACTUATED FLOW CONTROLLER VALVE

APPLN. TYPE.	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	No	\$1400	\$300	\$1700	November 20, 2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
JACYNA, J CASIMER	3751	251-129190

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|---|--|--|
| <p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p> | <p>2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p> | <p>1 <u>NIXON PEABODY LLP.</u></p> <p>2 <u>Tim L. Brackett, Jr.</u></p> <p>3 <u>J. Bruce Schelkopf</u></p> |
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- PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cummins Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Columbus, Indiana

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

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(Authorized Signature)

Tim L. Brackett, Jr.

Registration No. 36,092

(Date)

11/20/2006

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